

**Fill in this information to identify the case:**Debtor name **Council of Unit Owners of the 100 Harborview Drive Condominium**United States Bankruptcy Court for the: DISTRICT OF MARYLANDCase number (if known) **16-13049-JS**☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **March 31, 2016****X /s/ Dr. Reuben Mezrich**

Signature of individual signing on behalf of debtor

**Dr. Reuben Mezrich**

Printed name

**President**

Position or relationship to debtor

**Fill in this information to identify the case:**Debtor name **Council of Unit Owners of the 100 Harborview Drive Condominium**United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**Case number (if known) **16-13049-JS**☐ Check if this is an amended filing**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>0.00</b>
<b>1b. Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>6,344,299.03</b>
<b>1c. Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>6,344,299.03</b>

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>10,214,102.27</b>
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>0.00</b>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>993,609.08</b>
<b>4. Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <b>11,207,711.35</b>

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12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor**

Current value of debtor's interest	
2.	<b>Cash on hand</b>
	<b>\$1,000.00</b>

**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Citizens Bank, N.A.****operating****\$628,106.74**3.2. **Citizens Bank, N.A.****operating reserve****\$4,024.43**3.3. **Citizens Bank, N.A.****security deposits****\$2,500.33**3.4. **Citizens Bank, N.A.****debit card****\$1,210.35**3.5. **Howard Bank - construction account****checking****\$31,815.36**3.6. **Howard Bank - reserve account****money market account****\$265,908.61**



Debtor **Council of Unit Owners of the 100 Harborview Drive  
Condominium**  
Name \_\_\_\_\_

Case number (If known) **16-13049-JS**

21. **Finished goods, including goods held for resale**

22. **Other inventory or supplies  
Artwork , accessories,  
and window treatments,  
furniture (purchase  
price)** \_\_\_\_\_ **\$0.00** \_\_\_\_\_ **\$211,197.65**

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**Mechanical equipment  
in building (mechanical  
system per 2014 reserve  
study) (see attached)** \_\_\_\_\_ **\$0.00** \_\_\_\_\_ **\$4,585,248.00**

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23. **Total of Part 5.** **\$4,796,445.65**  
Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**

☒ No

☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

☒ No

☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

☒ No. Go to Part 7.

☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

☐ No. Go to Part 8.

☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b>			
40. <b>Office fixtures</b>			
41. <b>Office equipment, including all computer equipment and communication systems equipment and software Copier (leased from Advance Business Solutions)</b>	<b>\$0.00</b>		<b>\$0.00</b>

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42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

Debtor **Council of Unit Owners of the 100 Harborview Drive Condominium**  
 Name \_\_\_\_\_

Case number (If known) **16-13049-JS**

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$0.00**

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No

☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☒ No. Go to Part 9.

☐ Yes Fill in the information below.

**Part 9: Real property**

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

**Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.

**Nature and extent of debtor's interest in property**

**Net book value of debtor's interest**  
(Where available)

**Valuation method used for current value**

**Current value of debtor's interest**

55.1. **100 Harborview Drive, Unit 907 (7/1/16 SDAT assessment value is \$239,600) (foreclosed unit for past due assessments, subject to first deed of trust)**

**\$0.00**

**Unknown**

55.2. **100 Harborview Drive, Unit 1310 (7/1/16 SDAT assessment value is \$158,600) (foreclosed unit for past due assessments, subject to first deed of trust)**

**\$0.00**

**Unknown**

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

**\$0.00**

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 4

Debtor **Council of Unit Owners of the 100 Harborview Drive  
Condominium**  
Name \_\_\_\_\_

Case number (If known) **16-13049-JS**

- ☒ No  
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.  
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites <u>theharborviewtowers.com</u>	<u>\$0.00</u>		<u>Unknown</u>
<u>harborviewcondominium.com</u>	<u>\$0.00</u>		<u>Unknown</u>

62. Licenses, franchises, and royalties
63. Customer lists, mailing lists, or other compilations
64. Other intangibles, or intellectual property
65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?

- ☒ No  
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes Fill in the information below.

Current value of debtor's interest

71. Notes receivable

Debtor **Council of Unit Owners of the 100 Harborview Drive Condominium**

Case number (If known) **16-13049-JS**

Name

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

**Interests in insurance policies (property, workers compensation, fidelity bond/employee dishonesty, commercial general liability, umbrella liability, directors and officers liability, garage keepers legal liability, pollution liability)**

**Unknown**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

**\$0.00**

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes



Debtor **Council of Unit Owners of the 100 Harborview Drive**  
**Condominium**  
 Name \_\_\_\_\_

Case number (If known) **16-13049-JS**

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$1,215,560.82</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$332,292.56</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$4,796,445.65</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<u>+</u> <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$6,344,299.03</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$6,344,299.03</u>

## Mechanical (1 of 2)

Mechanical (1 of 2)										
COMPONENT	QUANTITY	UNIT	COST	RESERVE REQUIREMENT PRESENT DOLLARS	BEGINNING BALANCE	ESTIMATED USEFUL LIFE	ESTIMATED REMAINING USEFUL LIFE	ANNUAL RESERVE FUNDING REQUIRED	FULL FUNDING BALANCE	NOTES
Cooling Tower	1	EA	\$120,413.80	\$120,414	\$2,889	20	19	\$6,185	\$6,021	43
Cooling Tower Fans (40 HP)	2	EA	\$0.00	\$0	\$0	10	9	\$0	\$0	43
HVAC Boilers	2	EA	\$52,455.20	\$104,910	\$27,691	40	18	\$4,290	\$57,701	44
Plate Heat Exchanger	1	EA	\$101,175.20	\$101,175	\$26,705	40	18	\$4,137	\$55,646	45
Loop Pumps (100 HP) Rebuild	2	EA	\$0.00	\$0	\$0	30	22	\$0	\$0	46
Loop Pumps (100 HP) Replace	2	EA	\$29,719.20	\$59,438	\$20,918	30	8	\$4,815	\$43,588	46
Tower Pump (60 HP) Rebuild	1	EA	\$0.00	\$0	\$0	30	22	\$0	\$0	46
Tower Pump (60 HP) Replace	1	EA	\$26,169.60	\$26,170	\$9,210	30	8	\$2,120	\$19,191	46
Rooftop Packaged Unit (40 tons)	1	EA	\$80,840.40	\$80,840	\$1,940	20	19	\$4,153	\$4,042	47
Rooftop Packaged Unit (50 tons)	1	EA	\$93,826.60	\$93,827	\$2,251	20	19	\$4,820	\$4,691	47
Rooftop Packaged Unit (Compressors)	4	EA	\$17,000.00	\$68,000	\$1,632	20	19	\$3,493	\$3,400	47
Water Source Heat Pumps (5-6 tons)	2	EA	\$5,220.00	\$10,440	\$3,674	15	4	\$1,691	\$7,656	48
Water Source Heat Pumps (5-6 tons)	4	EA	\$5,220.00	\$20,880	\$8,016	15	3	\$4,288	\$16,704	48
Water Source Heat Pumps (5-6 tons)	6	EA	\$5,220.00	\$31,320	\$12,024	15	3	\$6,432	\$25,056	48
Water Source Heat Pump (Lobby)	1	EA	\$10,324.00	\$10,324	\$1,982	15	9	\$927	\$4,130	48
Water Source Heat Pump (Health Club)	1	EA	\$12,064.00	\$12,064	\$4,632	15	3	\$2,477	\$9,651	48
Water Source Heat Pump (Holding Room)	1	EA	\$3,716.64	\$3,717	\$1,427	15	3	\$763	\$2,973	48
Heat Pump (HP-K)	1	EA	\$0.00	\$0	\$0	15	1	\$0	\$0	49
Heat Pump (HP-I)	1	EA	\$0.00	\$0	\$0	15	1	\$0	\$0	49
Heat Pump (HP-Q)	1	EA	\$0.00	\$0	\$0	15	1	\$0	\$0	49
Pool Heater/Dehumidifier	1	EA	\$100,391.04	\$100,391	\$16,059	15	10	\$8,433	\$33,464	50
Trash Compactor	2	EA	\$16,407.04	\$32,814	\$2,362	20	17	\$1,791	\$4,922	51
Elevator Machinery	6	EA	\$339,230.40	\$2,035,382	\$429,786	50	28	\$57,343	\$895,568	52
Elevator Control System Renovation	6	EA	\$0.00	\$0	\$0	30	8	\$0	\$0	52
Elevator Cabs & Doors	6	EA	\$0.00	\$0	\$0	30	8	\$0	\$0	53
Underground Storage Tanks	6	EA	\$7,377.60	\$44,266	\$5,311	20	15	\$2,597	\$11,066	54
<b>TOTALS</b>				<b>\$2,956,372</b>	<b>\$578,509</b>			<b>\$120,756</b>	<b>\$1,205,471</b>	

## Mechanical (2 of 2)

### Mechanical (2 of 2)

COMPONENT	QUANTITY	UNIT	UNIT COST	RESERVE REQUIREMENT PRESENT DOLLARS	BEGINNING BALANCE	ESTIMATED USEFUL LIFE	ESTIMATED REMAINING USEFUL LIFE	ANNUAL RESERVE FUNDING REQUIRED	FULL FUNDING BALANCE	NOTES
Domestic Riser Replacement (25%)	1	LS	\$351,520.00	\$351,520	\$61,855	60	38	\$7,623	\$128,891	55
Domestic Riser Replacement (25%)	1	LS	\$351,520.00	\$351,520	\$56,232	60	40	\$7,382	\$117,173	55
Domestic Riser Replacement (25%)	1	LS	\$351,520.00	\$351,520	\$50,609	60	42	\$7,165	\$105,456	55
Domestic Riser Replacement (25%)	1	LS	\$351,520.00	\$351,520	\$44,985	60	44	\$6,967	\$93,739	55
Domestic Water Boost Pump Control	1	LS	\$16,870.00	\$16,870	\$2,159	30	22	\$669	\$4,499	56
Domestic Water Pumps (30 HP)	3	EA	\$17,028.80	\$51,086	\$6,538	30	22	\$2,025	\$13,623	56
Domestic Water Pumps Rebuild	3	EA	\$0.00	\$0	\$0	30	8	\$0	\$0	56
Domestic Water Boiler (2 MBH)	1	EA	\$36,888.00	\$36,888	\$3,035	35	29	\$1,167	\$6,324	57
Domestic Water Boiler (2.3 MBH)	1	EA	\$40,808.80	\$40,809	\$12,870	35	12	\$2,328	\$26,817	57
Hot Water Storage Tank	6	EA	\$4,037.26	\$24,224	\$3,487	20	14	\$1,481	\$7,267	58
Fire Pump (100 HP) Rebuild	1	EA	\$0.00	\$0	\$0	30	22	\$0	\$0	59
Fire Pump (100 HP) Replace	1	EA	\$31,528.80	\$31,529	\$11,096	30	8	\$2,554	\$23,121	59
Fire Pump (50 HP) Rebuild	1	EA	\$0.00	\$0	\$0	30	22	\$0	\$0	59
Fire Pump (50 HP) Replace	1	EA	\$21,390.40	\$21,390	\$7,528	30	8	\$1,733	\$15,686	59
<b>TOTALS</b>				<b>\$1,628,876</b>	<b>\$260,393</b>			<b>\$41,094</b>	<b>\$542,596</b>	

**Fill in this information to identify the case:**Debtor name **Council of Unit Owners of the 100 Harborview Drive Condominium**United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**Case number (if known) **16-13049-JS**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
<b>2.1</b>	<b>Great American Surety</b> Creditor's Name <b>c/o Great American Insurance Group</b> <b>301 E 4th Street</b> <b>Cincinnati, OH 45202-4201</b> Creditor's mailing address  <b>bonddivision@gaig.com</b> Creditor's email address, if known  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>Howard Bank - reserve account CD - money market account</b>  Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$280,000.00</b>	<b>\$280,995.00</b>
<b>2.2</b>	<b>Howard Bank</b> Creditor's Name  <b>6011 University Boulevard, Suite 370</b> <b>Ellicott City, MD 21043</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b> <b>5/6/13</b> <b>Last 4 digits of account number</b> <b>1738</b>	Describe debtor's property that is subject to a lien <b>all assets of Debtor together with all products and proceeds thereof (both cash and non-cash) and all proceeds (including insurance proceeds) and products of any of the Debtor's assets</b>  Describe the lien <b>UCC Financing Statement</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	<b>\$7,730,309.65</b>	<b>Unknown</b>

<p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>		<p><b>As of the petition filing date, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	
2.3	<p><b>Penthouse 4C, LLC</b></p> <p>Creditor's Name</p> <p><b>c/o James W. Ancel, Sr.</b></p> <p><b>408 Bosley Avenue</b></p> <p><b>Towson, MD 21204</b></p> <p>Creditor's mailing address</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p><b>Units 907 and 1310, Harborview Towers</b></p>	<p><b>\$609,030.62</b></p>
	<p>Creditor's email address, if known</p>	<p><b>Describe the lien</b></p> <p><b>Judgment Lien (garnishment issued 1/13/16)</b></p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>	<p><b>Unknown</b></p>
	<p><b>Date debt was incurred</b></p> <p><b>12/30/15</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p>	
	<p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>		

2.4	<b>Penthouse 4C, LLC</b> Creditor's Name <b>c/o James W. Ancel, Sr.</b> <b>408 Bosley Avenue</b> <b>Towson, MD 21204</b> Creditor's mailing address	Describe debtor's property that is subject to a lien <b>Units 907 and 1310, Harborview Towers</b>	<b>\$1,594,762.00</b>	<b>Unknown</b>
	Creditor's email address, if known	Describe the lien <b>Judgment Lien</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred <b>2/24/16</b> Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			

**\$10,214,102.**  
**27**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

Official Form 206D

Additional Page of **Schedule D: Creditors Who Have Claims Secured by Property**

page 2 of 3

Debtor	<b>Council of Unit Owners of the 100 Harborview Drive Condominium</b>	Case number (if know)	<b>16-13049-JS</b>
	<small>Name</small>		
	<b>Name and address</b>	<b>On which line in Part 1 did you enter the related creditor?</b>	<b>Last 4 digits of account number for this entity</b>
	<b>Brian C. Rosenberg, Esquire Offit Kurman, P.A. 8171 Maple Lawn Boulevard, Suite 200 Maple Lawn, MD 20759</b>	Line <u><b>2.2</b></u>	
	<b>Michael D. Nord, Esquire Gebhardt &amp; Smith LLP One South Street, Suite 2200 Baltimore, MD 21202-3281</b>	Line <u><b>2.2</b></u>	
	<b>Raymond Daniel Burke, Esquire Counsel for Penthouse 4C, LLC Ober, Kaler, Grimes &amp; Shriver, P.C. 100 Light Street, 19th Floor Baltimore, MD 21202</b>	Line <u><b>2.3</b></u>	
	<b>Raymond Daniel Burke, Esquire Counsel for Penthouse 4C, LLC Ober, Kaler, Grimes &amp; Shriver, P.C. 100 Light Street, 19th Floor Baltimore, MD 21202</b>	Line <u><b>2.4</b></u>	

**Fill in this information to identify the case:**Debtor name **Council of Unit Owners of the 100 Harborview Drive Condominium**United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**Case number (if known) **16-13049-JS**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	<b>Nonpriority creditor's name and mailing address</b> <b>A Supreme Heating &amp; Air Conditioning Co.</b> <b>152-B Blades Lane</b> <b>Glen Burnie, MD 21060</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>3086</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$750.00</b>
3.2	<b>Nonpriority creditor's name and mailing address</b> <b>Abdul Qaiyum Khan</b> <b>100 Harborview Drive, Unit 413</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>unit owner</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>Accurate Termite &amp; Pest Control, Inc.</b> <b>8000 Philadelphia Road</b> <b>Rosedale, MD 21237</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>0970</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$805.00</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Accurate Test and Balance LLC</b> <b>9105 Hampton Overlook</b> <b>Capitol Heights, MD 20743</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>1547</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$950.00</b>

Debtor	Council of Unit Owners of the 100 Harborview Drive Condominium	Case number (if known)	16-13049-JS
	Name		
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>ACE Environmental Services, LLC</b> <b>3512 Fairfield Road</b> <b>Baltimore, MD 21226</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1108</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,625.00</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Achint Kaur / Sumeet Singh</b> <b>100 Harborview Drive, Unit 301</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Adaptive Leadership Strategies</b> <b>20068 Inverness Square</b> <b>Ashburn, VA 20147</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>203</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$195.00</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Adele Weinberg</b> <b>100 Harborview Drive, Unit 2302</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Advance Business Systems</b> <b>P. O. Box 759319</b> <b>Baltimore, MD 21275-9319</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7641</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$632.04</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Aireco Supply Inc.</b> <b>P. O. Box 414</b> <b>Savage, MD 20763-0414</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5400</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$805.55</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Alan Gamse / Barbara Gamse</b> <b>100 Harborview Drive, Penthouse 1C</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>



Debtor	Council of Unit Owners of the 100 Harborview Drive Condominium	Case number (if known)	16-13049-JS
Name			
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Alan Partin/Vicky Partin/Topper Partin</b> <b>100 Harborview Drive, Unit 1809</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Allison Mandelberg / Steven Mandelberg</b> <b>1232 Harbor Island Walk</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>owners of Unit 1106</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Allison, Sarah and John Herring</b> <b>100 Harborview Drive, Unit 612</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>American Pool</b> <b>9305 Gerwig Lane</b> <b>Columbia, MD 21046</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4104</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,775.00</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>American Solar Tinting</b> <b>5917 Liberty Road</b> <b>Baltimore, MD 21207</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>6431</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Amy Abdallah / Stephen Charbonneau</b> <b>100 Harborview Drive, Unit 406</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Andrew Georgelakos / Jeanne Georgelakos</b> <b>100 Harborview Drive, Unit 1702</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	Council of Unit Owners of the 100 Harborview Drive Condominium	Case number (if known)	16-13049-JS
3.19	<p>Nonpriority creditor's name and mailing address  <b>Angel Gonzalez Gheresi / Martin Manescu</b>  <b>100 Harborview Drive, Unit 614</b>  <b>Baltimore, MD 21230</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unit owners</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.20	<p>Nonpriority creditor's name and mailing address  <b>Ann Coppola / Michael Coppola</b>  <b>100 Harborview Drive, Unit 1508</b>  <b>Baltimore, MD 21230</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unit owner</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.21	<p>Nonpriority creditor's name and mailing address  <b>Anna Ariss, Dr. Michelle Ariss and</b>  <b>Dr. Steven Ariss</b>  <b>100 Harborview Drive, Unit 610</b>  <b>Baltimore, MD 21230</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unit owners</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.22	<p>Nonpriority creditor's name and mailing address  <b>Anne Grigg / Joseph Grigg</b>  <b>100 Harborview Drive, Unit 1607</b>  <b>Baltimore, MD 21230</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unit owners</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.23	<p>Nonpriority creditor's name and mailing address  <b>Anthony Culotta / Joseph Culotta</b>  <b>2987 Mt. Etna Circle</b>  <b>Ellicott City, MD 21043</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>owners of Units 913 and 1303</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.24	<p>Nonpriority creditor's name and mailing address  <b>Antonios/Dimitrios/Emanuel Aikaterinidis</b>  <b>100 Harborview Drive, Unit 414</b>  <b>Baltimore, MD 21230</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unit owners</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.25	<p>Nonpriority creditor's name and mailing address  <b>Antwerpen / 1301 LLC</b>  <b>100 Harborview Drive, Unit 1301</b>  <b>Baltimore, MD 21230</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unit owners</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>

Debtor <b>Council of Unit Owners of the 100 Harborview Drive Condominium</b>		Case number (if known) <b>16-13049-JS</b>
Name		
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Anwar Khan / Najma Khan</b> <b>100 Harborview Drive, Unit 805</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>ARC Water Treatment Company of Maryland</b> <b>P. O. Box 248</b> <b>Annapolis Junction, MD 20701-0248</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>9500</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$816.00</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Ariana and Farhad Ghom/Patrick Greenwell</b> <b>100 Harborview Drive, Unit 1210</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Ashul Govil / Angeli Govil</b> <b>100 Harborview Drive, Unit 807</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>AtHomeNet</b> <b>400 South Colorado Boulevard, Suite 790</b> <b>Denver, CO 80246</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$160.00</b>
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Atwood Collins / Cynthia Collins</b> <b>P. O. Box 398</b> <b>Vero Beach, FL 32961</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>owners of Units 901 and 902</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Ayse Gokaslan / Ziya Gokaslan</b> <b>100 Harborview Drive, Unit 2201</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>

Debtor	<b>Council of Unit Owners of the 100 Harborview Drive</b> <b>Condominium</b> Name _____	Case number (if known)	<b>16-13049-JS</b>
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3.33	Nonpriority creditor's name and mailing address <b>Barbara Balcerak</b> <b>100 Harborview Drive, Unit 1111</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>unit owner</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21.20</b>
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3.34	Nonpriority creditor's name and mailing address <b>Barbara Branagan</b> <b>100 Harborview Drive, Unit 802</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>reimbursement for council-sponsored event</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$69.06</b>
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3.35	Nonpriority creditor's name and mailing address <b>Barbara, William and John Kostis</b> <b>100 Harborview Drive, Unit 1206</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>unit owners</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.36	Nonpriority creditor's name and mailing address <b>Barkan Management Company</b> <b>24 Farnsworth Street</b> <b>Boston, MA 02210</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>2816</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>NSF fees for two units</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$60.00</b>
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3.37	Nonpriority creditor's name and mailing address <b>Barkan Management Company</b> <b>24 Farnsworth Street</b> <b>Boston, MA 02210</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>7046</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>UPS reimbursement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$55.26</b>
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3.38	Nonpriority creditor's name and mailing address <b>Barkan Management Company</b> <b>24 Farnsworth Street</b> <b>Boston, MA 02210</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>0616</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>copies/PO</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,322.11</b>
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3.39	Nonpriority creditor's name and mailing address <b>Barkan Management Company</b> <b>24 Farnsworth Street</b> <b>Boston, MA 02210</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>2016</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>insurance reimbursement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,909.36</b>
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Debtor	<b>Council of Unit Owners of the 100 Harborview Drive</b> <b>Condominium</b> Name _____	Case number (if known)	<b>16-13049-JS</b>
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3.40	Nonpriority creditor's name and mailing address <b>Barkan Management Company</b> <b>24 Farnsworth Street</b> <b>Boston, MA 02210</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>16PF</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>payroll and admin fees</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$153,307.04</b>
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3.41	Nonpriority creditor's name and mailing address <b>Battery Warehouse</b> <b>1430 Progress Way, Suite 121</b> <b>Eldersburg, MD 21784</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$317.98</b>
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3.42	Nonpriority creditor's name and mailing address <b>Benjamin Menges</b> <b>100 Harborview Drive, Unit 914</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owner</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.43	Nonpriority creditor's name and mailing address <b>Betsy, Christopher and Jeffrey Caine</b> <b>100 Harborview Drive, Unit 1110</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owners</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.44	Nonpriority creditor's name and mailing address <b>BGE</b> <b>P. O. Box 13070</b> <b>Philadelphia, PA 19181</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>1000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,334.29</b>
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3.45	Nonpriority creditor's name and mailing address <b>BGE</b> <b>P. O. Box 13070</b> <b>Philadelphia, PA 19181</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>5650</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$83,610.62</b>
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3.46	Nonpriority creditor's name and mailing address <b>BGE</b> <b>P. O. Box 13070</b> <b>Philadelphia, PA 19181</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>0000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,712.23</b>
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Debtor	<b>Council of Unit Owners of the 100 Harborview Drive Condominium</b> Name _____	Case number (if known)	<b>16-13049-JS</b>
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3.47	Nonpriority creditor's name and mailing address <b>Bill Hopkins / Vikki Hopkins</b> <b>100 Harborview Drive, Unit 2010</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.48	Nonpriority creditor's name and mailing address <b>Binh Thai</b> <b>100 Harborview Drive, Unit 1107</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.49	Nonpriority creditor's name and mailing address <b>Bob Balcerzak / Barbara Balcerzak</b> <b>100 Harborview Drive, Unit 1111</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.50	Nonpriority creditor's name and mailing address <b>Brenda Benton</b> <b>100 Harborview Drive, Unit 605</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.51	Nonpriority creditor's name and mailing address <b>Brenda Benton / Daniel Hudspeth</b> <b>100 Harborview Drive, Unit 711</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.52	Nonpriority creditor's name and mailing address <b>Brilliant Associates</b> <b>100 Harborview Drive, Unit 1109</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.53	Nonpriority creditor's name and mailing address <b>Brilliant Associates, Oscar Brilliant and Riki Spector</b> <b>100 Harborview Drive, Unit 2003</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor <b>Council of Unit Owners of the 100 Harborview Drive Condominium</b>		Case number (if known) <b>16-13049-JS</b>
Name		
3.54	<b>Nonpriority creditor's name and mailing address</b> <b>Brooks Leahy / Susan Leahy</b> <b>100 Harborview Drive, Unit 2110</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim: <u>unit owners</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.55	<b>Nonpriority creditor's name and mailing address</b> <b>Bruce Fink / Lisa Fink</b> <b>100 Harborview Drive, Unit 707</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim: <u>unit owners</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.56	<b>Nonpriority creditor's name and mailing address</b> <b>BuildingLink.Com, LLC</b> <b>85 Fifth Avenue, 3rd Floor</b> <b>New York, NY 10003</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>9871</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>trade debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$5,976.00</b>
3.57	<b>Nonpriority creditor's name and mailing address</b> <b>Bunting Door &amp; Hardware Co., Inc.</b> <b>9351 G Philadelphia Road</b> <b>Baltimore, MD 21237</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>trade debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$1,217.00</b>
3.58	<b>Nonpriority creditor's name and mailing address</b> <b>C.A. Lindman, Inc.</b> <b>10401 Guilford Road</b> <b>Jessup, MD 20794</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>trade debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$40,000.02</b>
3.59	<b>Nonpriority creditor's name and mailing address</b> <b>Capitol Boiler Work Inc.</b> <b>7921 Woodruff Court</b> <b>Springfield, VA 22151</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7364</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>trade debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$860.00</b>
3.60	<b>Nonpriority creditor's name and mailing address</b> <b>Caplan Bros Inc.</b> <b>700 West Hamburg Street</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1200</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>trade debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$129.80</b>



Debtor	<b>Council of Unit Owners of the 100 Harborview Drive Condominium</b> Name _____	Case number (if known)	<b>16-13049-JS</b>
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3.61	Nonpriority creditor's name and mailing address <b>Carol Williams / John Williams</b> <b>100 Harborview Drive, Unit 1704</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u><b>unit owners</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>
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3.62	Nonpriority creditor's name and mailing address <b>Caroline Leibman</b> <b>100 Harborview Drive, Unit 1701</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u><b>unit owner</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>
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3.63	Nonpriority creditor's name and mailing address <b>Carolyn Jones</b> <b>100 Harborview Drive, Unit 1703</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u><b>unit owner</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>
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3.64	Nonpriority creditor's name and mailing address <b>Catherine Cotter</b> <b>100 Harborview Drive, Units 207 and 309</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u><b>unit owner</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>
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3.65	Nonpriority creditor's name and mailing address <b>Catherine Lee</b> <b>8 Giverny</b> <b>Newport Coast, CA 92657</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u><b>owner of Unit 710</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>
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3.66	Nonpriority creditor's name and mailing address <b>Catons Plumbing</b> <b>5672 Collections Center Drive</b> <b>Chicago, IL 60693</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u><b>9426</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>trade debt</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>\$450.82</b></u>
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3.67	Nonpriority creditor's name and mailing address <b>Cecelia Brown</b> <b>100 Harborview Drive, Unit 210</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u><b>unit owner</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>
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Debtor	<b>Council of Unit Owners of the 100 Harborview Drive</b> <b>Condominium</b> Name _____	Case number (if known)	<b>16-13049-JS</b>
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3.68	Nonpriority creditor's name and mailing address <b>CER Properties, LLC</b> <b>841 East Fort Avenue, Suite 173</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>owner of Unit 1203</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.69	Nonpriority creditor's name and mailing address <b>Chad Chilcot / Brooke Davidson</b> <b>100 Harborview Drive, Unit 407</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.70	Nonpriority creditor's name and mailing address <b>Charles Neustadt / Sally Neustadt</b> <b>100 Harborview Drive, Unit 2210</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.71	Nonpriority creditor's name and mailing address <b>Charles, Gina and Greg Carrick</b> <b>100 Harborview Drive, Unit 2208</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.72	Nonpriority creditor's name and mailing address <b>Charm City Networks, LLC</b> <b>1414 Key Highway</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>1844</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,634.56
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3.73	Nonpriority creditor's name and mailing address <b>Cheryl Adkins / Edward Adkins</b> <b>100 Harborview Drive, Unit 2301</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.74	Nonpriority creditor's name and mailing address <b>Chetan Mehta</b> <b>5551 Oakland Mills Road</b> <b>Columbia, MD 21045</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>owner of Unit 1114</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor	Council of Unit Owners of the 100 Harborview Drive Condominium	Case number (if known)	16-13049-JS
Name			
3.75	<b>Nonpriority creditor's name and mailing address</b> <b>Chris Logsdon</b> <b>1414 Key Highway, Unit 300F</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>owner of Unit 806</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.76	<b>Nonpriority creditor's name and mailing address</b> <b>Chris Logsdon / Janice Logsdon</b> <b>100 Harborview Drive, Unit 804</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.77	<b>Nonpriority creditor's name and mailing address</b> <b>Chuck George</b> <b>100 Harborview Drive, Unit 1204</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.78	<b>Nonpriority creditor's name and mailing address</b> <b>Chutes International</b> <b>33 Industrial Park Drive</b> <b>Waldorf, MD 20602-2708</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$364.98</b>
3.79	<b>Nonpriority creditor's name and mailing address</b> <b>Cindy Byrne/Hannah Byrne/Sam Shuman</b> <b>100 Harborview Drive, Unit 1804</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.80	<b>Nonpriority creditor's name and mailing address</b> <b>Cintas Corporation</b> <b>P. O. Box 740855</b> <b>Cincinnati, OH 45274-0855</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5188</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24.00</b>
3.81	<b>Nonpriority creditor's name and mailing address</b> <b>City of Baltimore Department of Finance</b> <b>P. O. Box 17119</b> <b>Baltimore, MD 21202</b> Date(s) debt was incurred <u>2/25/16</u> Last 4 digits of account number <u>2516</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>hi-rise permit</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$673.00</b>

Debtor	Council of Unit Owners of the 100 Harborview Drive Condominium	Case number (if known)	16-13049-JS
Name			
3.82	<b>Nonpriority creditor's name and mailing address</b> <b>City of Baltimore Department of Finance</b> <b>Bureau of Revenue Collections</b> <b>P. O. Box 17535</b> <b>Baltimore, MD 21202</b> Date(s) debt was incurred <u>1/31/16</u> Last 4 digits of account number <u>2009</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>water</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,441.87</b>
3.83	<b>Nonpriority creditor's name and mailing address</b> <b>City of Baltimore Department of Finance</b> <b>Bureau of Revenue Collections</b> <b>P. O. Box 17535</b> <b>Baltimore, MD 21202</b> Date(s) debt was incurred <u>1/31/16</u> Last 4 digits of account number <u>2009</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>sewer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,763.20</b>
3.84	<b>Nonpriority creditor's name and mailing address</b> <b>Coldwell Banker</b> <b>22 West Padonia Road, Suite A-100</b> <b>Timonium, MD 21093-2226</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>          </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.00</b>
3.85	<b>Nonpriority creditor's name and mailing address</b> <b>Coleman Consulting</b> <b>205 South Tyrone Road</b> <b>Baltimore, MD 21212</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>0032</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,480.85</b>
3.86	<b>Nonpriority creditor's name and mailing address</b> <b>Colette Steinmeier / James Steinmeier</b> <b>100 Harborview Drive, Unit 602</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.87	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast</b> <b>P. O. Box 3005</b> <b>Southeastern, PA 19398-3005</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>1014</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$700.44</b>
3.88	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast</b> <b>P. O. Box 3005</b> <b>Southeastern, PA 19398-3005</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>4019</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$637.98</b>

Debtor	<b>Council of Unit Owners of the 100 Harborview Drive</b> <b>Condominium</b> Name _____	Case number (if known)	<b>16-13049-JS</b>
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3.89	Nonpriority creditor's name and mailing address <b>Comcast Cable Area 1</b> <b>P. O. Box 3006</b> <b>Southeastern, PA 19398-3006</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>716A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$258.54</b>
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3.90	Nonpriority creditor's name and mailing address <b>Complete Carpet Care</b> <b>3262 Guilford Drive</b> <b>Waldorf, MD 20602</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
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3.91	Nonpriority creditor's name and mailing address <b>Conrad Buedel</b> <b>100 Harborview Drive, Unit 1313</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owner</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.92	Nonpriority creditor's name and mailing address <b>Constantine Commercial Construction Inc.</b> <b>Attention: Diana Parsons, CFO</b> <b>9494 Deereco Road</b> <b>Timonium, MD 21093</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$208,816.00</b>
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3.93	Nonpriority creditor's name and mailing address <b>Constellation New Energy, Inc.</b> <b>14217 Collections Center Drive</b> <b>Chicago, IL 60693</b>  Date(s) debt was incurred <u>12/8/15</u> Last 4 digits of account number <u>3753</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,486.68</b>
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3.94	Nonpriority creditor's name and mailing address <b>Copy Cat Printing</b> <b>2229 North Charles Street</b> <b>Baltimore, MD 21218</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>341</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$760.02</b>
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3.95	Nonpriority creditor's name and mailing address <b>Corporate Cleaning Solutions</b> <b>P. O. Box 966</b> <b>Clinton, MD 20735</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>5540</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,213.36</b>
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Debtor	Council of Unit Owners of the 100 Harborview Drive Condominium	Case number (if known)	16-13049-JS
	Name		
3.96	<b>Nonpriority creditor's name and mailing address</b> <b>Craig Landauer / Sherri Landauer</b> <b>1456 E. West Shady Side Road</b> <b>Shady Side, MD 20764</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>owners of Unit 1407</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.97	<b>Nonpriority creditor's name and mailing address</b> <b>Cummins Power Systems, LLC</b> <b>P. O. Box 786567</b> <b>Philadelphia, PA 19178-6567</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2598</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,028.32</b>
3.98	<b>Nonpriority creditor's name and mailing address</b> <b>Cynthia Tung / Su-Hsin Tung</b> <b>100 Harborview Drive, Unit 706</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.99	<b>Nonpriority creditor's name and mailing address</b> <b>Dale Brougher / Nancy Brougher</b> <b>100 Harborview Drive, Unit 1501</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.100	<b>Nonpriority creditor's name and mailing address</b> <b>David Sumner / Natasha Sumner</b> <b>100 Harborview Drive, Unit 1810</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.101	<b>Nonpriority creditor's name and mailing address</b> <b>Deborah Mason</b> <b>100 Harborview Drive, Management Office</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>mileage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$62.36</b>
3.102	<b>Nonpriority creditor's name and mailing address</b> <b>Debra Fusco / Ralph Fusco</b> <b>100 Harborview Drive, Unit 305</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>Council of Unit Owners of the 100 Harborview Drive Condominium</b> Name _____	Case number (if known)	<b>16-13049-JS</b>
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3.103	Nonpriority creditor's name and mailing address <b>Dee Alipanah</b> <b>100 Harborview Drive, Unit 310</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>unit owner</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.104	Nonpriority creditor's name and mailing address <b>Design Collective, Inc.</b> <b>601 East Pratt Street, Suite 300</b> <b>Baltimore, MD 21202</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>1200</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,488.76</b>
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3.105	Nonpriority creditor's name and mailing address <b>Direct Energy Business</b> <b>P.O. Box 11836</b> <b>Newark, NJ 07101-8135</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>4082</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25,913.13</b>
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3.106	Nonpriority creditor's name and mailing address <b>Direct Solutions LLC</b> <b>619 Alluvion Street</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>0411</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,264.49</b>
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3.107	Nonpriority creditor's name and mailing address <b>Donna DeLorenzo / Michael DeLorenzo</b> <b>100 Harborview Drive, Unit 1101</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owners</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.108	Nonpriority creditor's name and mailing address <b>Dorma USA, Inc.</b> <b>P. O. Box 6312</b> <b>Carol Stream, IL 60197-6399</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$423.09</b>
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3.109	Nonpriority creditor's name and mailing address <b>Dorothy Winegrad</b> <b>100 Harborview Drive, Unit 1601</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owner</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor	Council of Unit Owners of the 100 Harborview Drive Condominium	Case number (if known)	16-13049-JS
Name			
3.110	<b>Nonpriority creditor's name and mailing address</b> <b>Doug Hewitt / Teena Murray</b> <b>100 Harborview Drive, Unit 606</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.111	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Alan Goldberg / Helene Goldberg</b> <b>100 Harborview Drive, Unit 1802</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.112	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Alvin Alexander/Dr. Janet Alexander</b> <b>100 Harborview Drive, Unit 813</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.113	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Behnam Manesh</b> <b>100 Harborview Drive, Unit 1903</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.114	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Bob Knodell / Joyce Knodell</b> <b>100 Harborview Drive, Units 809 and 1410</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.115	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Dana M. Roque</b> <b>100 Harborview Drive, Unit 2207</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.116	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. David Bonebreak</b> <b>100 Harborview Drive, Unit 1309</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>



Debtor	Council of Unit Owners of the 100 Harborview Drive Condominium	Case number (if known)	16-13049-JS
Name			
3.117	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. David G. Rorison</b> <b>100 Harborview Drive, Units 1207 &amp; 2007</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.118	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. David Paige</b> <b>100 Harborview Drive, Unit 1214</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.119	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Deepak Baskaran</b> <b>100 Harborview Drive, Unit 908</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.120	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Emilio Ramos / Jane Ramos</b> <b>100 Harborview Drive, Unit 1302</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.121	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Erica Breslau</b> <b>100 Harborview Drive, Unit 201</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.122	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Gamal Elsaheed / Manali Mohie-Eldin</b> <b>100 Harborview Drive, Unit 1205</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.123	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Harmindar Gill / Dr. Saurabh Patel</b> <b>100 Harborview Drive, Unit 404</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>



Debtor	<b>Council of Unit Owners of the 100 Harborview Drive Condominium</b> Name _____	Case number (if known)	<b>16-13049-JS</b>
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3.124	Nonpriority creditor's name and mailing address <b>Dr. Harry Choi / Sun Choi</b> <b>100 Harborview Drive, Unit 2107</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ <b>Unknown</b>
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3.125	Nonpriority creditor's name and mailing address <b>Dr. Hien Nguyen</b> <b>100 Harborview Drive, Unit 403</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ <b>Unknown</b>
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3.126	Nonpriority creditor's name and mailing address <b>Dr. Ira Berman / Kathryn Berman</b> <b>100 Harborview Drive, Unit 514</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ <b>Unknown</b>
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3.127	Nonpriority creditor's name and mailing address <b>Dr. J. Laurance Hill / Charlotte Hill</b> <b>100 Harborview Drive, Penthouse 4B</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ <b>Unknown</b>
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3.128	Nonpriority creditor's name and mailing address <b>Dr. Janan Broadbent</b> <b>100 Harborview Drive, Unit 703</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ <b>Unknown</b>
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3.129	Nonpriority creditor's name and mailing address <b>Dr. Khaled Kebaish / Floreana Kebaish</b> <b>100 Harborview Drive, Penthouse 2D</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ <b>Unknown</b>
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3.130	Nonpriority creditor's name and mailing address <b>Dr. Monte Hetland / Steve Toporoff</b> <b>100 Harborview Drive, Unit 2104</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ <b>Unknown</b>
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Debtor	Council of Unit Owners of the 100 Harborview Drive Condominium	Case number (if known)	16-13049-JS
Name			
3.131	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Pedro Jose</b> <b>100 Harborview Drive, Unit 2008</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.132	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Reuben Mezrich / Molli Mezrich</b> <b>100 Harborview Drive</b> <b>Unit 2204 and Penthouse 2A</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.133	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Richard Levin</b> <b>100 Harborview Drive, Unit 1112</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.134	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Robert Martin</b> <b>100 Harborview Drive, Unit 1314</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.135	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Samuel Alaish / Dr. Laura Fayad</b> <b>100 Harborview Drive, Unit 1909</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.136	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Sharon Krumm</b> <b>100 Harborview Drive, Unit 314</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.137	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. William Phillips</b> <b>100 Harborview Drive, Unit 306</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>Council of Unit Owners of the 100 Harborview Drive Condominium</b> Name _____	Case number (if known)	<b>16-13049-JS</b>
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3.138	Nonpriority creditor's name and mailing address <b>DRD Pool Management 16 Stenersen Lane, Suite 4A Hunt Valley, MD 21030</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>1531</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,931.22</b>
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3.139	Nonpriority creditor's name and mailing address <b>Edward Adkins / Cheryl Adkins 100 Harborview Drive, Unit 1503 Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owners</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.140	Nonpriority creditor's name and mailing address <b>Eileen Carpenter 100 Harborview Drive, Unit 307 Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owner</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.141	Nonpriority creditor's name and mailing address <b>Eileen Cohen / Jeff Cohen 100 Harborview Drive, Unit 1108 Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owners</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.142	Nonpriority creditor's name and mailing address <b>Elijah Kelley / Ticola Spruill 100 Harborview Drive, Unit 405 Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owners</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.143	Nonpriority creditor's name and mailing address <b>Elizabeth A. Rudd / Alan N. Rudd 100 Harborview Drive, Unit 2304 Baltimore, MD 21230-5434</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owners</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.144	Nonpriority creditor's name and mailing address <b>Elliott Stein / Marsha Stein 100 Harborview Drive, Unit 1502 Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owners</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor	<b>Council of Unit Owners of the 100 Harborview Drive</b> <b>Condominium</b> Name _____	Case number (if known)	<b>16-13049-JS</b>
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3.145	Nonpriority creditor's name and mailing address <b>Energy Management Systems</b> <b>P. O. Box 646</b> <b>Exton, PA 19341</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>5557</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$240.00</b>
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3.146	Nonpriority creditor's name and mailing address <b>Equity Communications</b> <b>3 Talbott Avenue</b> <b>Timonium, MD 21093</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$118.48</b>
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3.147	Nonpriority creditor's name and mailing address <b>Eric Levin / Laurie Mazzotta</b> <b>100 Harborview Drive, Unit 1007</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owners</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.148	Nonpriority creditor's name and mailing address <b>Extra Clean Inc.</b> <b>11777 Parklanwn Drive, Suite 100</b> <b>Rockville, MD 20852</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>9360</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,785.12</b>
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3.149	Nonpriority creditor's name and mailing address <b>Federal Express Corp.</b> <b>P. O. Box 371461</b> <b>Pittsburgh, PA 15250-7461</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>8982</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$141.35</b>
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3.150	Nonpriority creditor's name and mailing address <b>Ferguson Enterprises Inc. #1300</b> <b>P. O. Box 417592</b> <b>Boston, MA 02241-7592</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>4658</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$293.32</b>
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3.151	Nonpriority creditor's name and mailing address <b>Fidelity LLC / Dr. David Paige</b> <b>4020 Old Court Road</b> <b>Pikesville, MD 21208</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>owners of Units 1003 and 1004</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor	Council of Unit Owners of the 100 Harborview Drive Condominium	Case number (if known)	16-13049-JS
Name			
3.152	<b>Nonpriority creditor's name and mailing address</b> <b>Focus Telecommunications, Inc.</b> <b>P. O. Box 822640</b> <b>Philadelphia, PA 19182-2640</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2016</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$127.37</b>
3.153	<b>Nonpriority creditor's name and mailing address</b> <b>Francis Callahan, Janet Callahan,</b> <b>Jeanne Neifert and Scott Neifert</b> <b>100 Harborview Drive, Unit 2108</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.154	<b>Nonpriority creditor's name and mailing address</b> <b>Frank Costanzi / Jane Costanzi</b> <b>100 Harborview Drive, Units 1010 &amp; 1213</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.155	<b>Nonpriority creditor's name and mailing address</b> <b>Frank Suraci / Rachel Suraci</b> <b>100 Harborview Drive, Unit 803</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.156	<b>Nonpriority creditor's name and mailing address</b> <b>Frank Traglia / Loretta Traglia</b> <b>100 Harborview Drive, Unit 701</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.157	<b>Nonpriority creditor's name and mailing address</b> <b>Furniture Solutions Group, Inc.</b> <b>619 Severn Avenue, Suite 302</b> <b>Annapolis, MD 21403</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1303</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,715.53</b>
3.158	<b>Nonpriority creditor's name and mailing address</b> <b>Furniture Solutions Group, Inc.</b> <b>619 Severn Avenue, Suite 302</b> <b>Annapolis, MD 21403</b> Date(s) debt was incurred <u>1/20/16</u> Last 4 digits of account number <u>1305</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,131.43</b>

Debtor	<b>Council of Unit Owners of the 100 Harborview Drive Condominium</b> Name _____	Case number (if known)	<b>16-13049-JS</b>
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3.159	Nonpriority creditor's name and mailing address <b>Geller Lighting Supply Co., Inc.</b> <b>3720 Commerce Drive</b> <b>Baltimore, MD 21227</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$391.69</b>
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3.160	Nonpriority creditor's name and mailing address <b>Gernot Hucek / Mary Hucek</b> <b>100 Harborview Drive, Unit 505</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owners</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.161	Nonpriority creditor's name and mailing address <b>Grainger</b> <b>Dept. 811330190</b> <b>Palatine, IL 60038-0001</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>4816</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,370.97</b>
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3.162	Nonpriority creditor's name and mailing address <b>Gretchen McKenzie / Thomas McKenzie</b> <b>100 Harborview Drive, Unit 1201</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owners</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.163	Nonpriority creditor's name and mailing address <b>Guy Flynn / Nupur Flynn</b> <b>100 Harborview Drive</b> <b>Unit 2101, Penthouse 3A &amp; 3B</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owners</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.164	Nonpriority creditor's name and mailing address <b>Harborview Limited Partnership</b> <b>100 Harborview Drive</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>garage lease</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.165	Nonpriority creditor's name and mailing address <b>Harborview Marina and Yacht Club</b> <b>Community Association, Inc.</b> <b>Attention: Frank C. Wise</b> <b>500 Harborview Drive, Third Floor</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>HOA</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor		Case number (if known)
<b>Council of Unit Owners of the 100 Harborview Drive</b> <b>Condominium</b> Name		<b>16-13049-JS</b>
3.166	Nonpriority creditor's name and mailing address <b>Havtach Parts Division</b> <b>P. O. Box 37031</b> <b>Baltimore, MD 21297</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$2,176.54</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.167	Nonpriority creditor's name and mailing address <b>HD Supply Facilities Maintenance, Ltd.</b> <b>P. O. Box 509058</b> <b>San Diego, CA 92150</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>9685</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$26.47</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.168	Nonpriority creditor's name and mailing address <b>Heiner J. Sander</b> <b>100 Harborview Drive, Unit 408</b> <b>Baltimore, MD 21230-5436</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.169	Nonpriority creditor's name and mailing address <b>Henry Miller / Darlene Miller</b> <b>77 East Missouri Avenue</b> <b>Phoenix, AZ 85012</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>owners of Unit 1603</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.170	Nonpriority creditor's name and mailing address <b>Home Depot Credit</b> <b>P. O. Box 9055</b> <b>Des Moines, IA 50368-9055</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3854</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$580.84</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.171	Nonpriority creditor's name and mailing address <b>Homeretta Ayala / Boz Ayala</b> <b>100 Harborview Drive, Unit 208</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.172	Nonpriority creditor's name and mailing address <b>Howard L. Castleman / Marcia Castleman</b> <b>715 SE 10th Street</b> <b>Delray Beach, FL 33483</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>owner of Penthouse 1B</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Debtor	Council of Unit Owners of the 100 Harborview Drive Condominium	Case number (if known)	16-13049-JS
Name			
3.173	<b>Nonpriority creditor's name and mailing address</b> <b>Howard Wilner / Karen Wilner</b> <b>100 Harborview Drive, Unit 507</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.174	<b>Nonpriority creditor's name and mailing address</b> <b>HV 2009, LLC</b> <b>100 Harborview Drive, Unit 2009</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.175	<b>Nonpriority creditor's name and mailing address</b> <b>HV 814, LLC</b> <b>100 Harborview Drive, Unit 814</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.176	<b>Nonpriority creditor's name and mailing address</b> <b>HV Unit A, LLC</b> <b>100 Harborview Drive</b> <b>Units 202, 302, 502, 1202, 1709, 1801</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.177	<b>Nonpriority creditor's name and mailing address</b> <b>Ilene O'Connell / Paul O'Connell</b> <b>100 Harborview Drive, Unit 1304</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.178	<b>Nonpriority creditor's name and mailing address</b> <b>In The Swim</b> <b>7436 Solution Center</b> <b>Chicago, IL 60677-7004</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>8558</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$211.93</b>
3.179	<b>Nonpriority creditor's name and mailing address</b> <b>Inter Sign National</b> <b>1123 East Baltimore Street</b> <b>Baltimore, MD 21203</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0075</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,589.52</b>



Debtor	Council of Unit Owners of the 100 Harborview Drive Condominium	Case number (if known)	16-13049-JS
Name			
3.180	<b>Nonpriority creditor's name and mailing address</b> <b>Jacob Davis / Mary Davis</b> <b>100 Harborview Drive, Unit 1403</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.181	<b>Nonpriority creditor's name and mailing address</b> <b>James Ruland / Josephine Vesey</b> <b>100 Harborview Drive, Unit 1907</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.182	<b>Nonpriority creditor's name and mailing address</b> <b>James Scanlon</b> <b>100 Harborview Drive, Unit 412</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.183	<b>Nonpriority creditor's name and mailing address</b> <b>James Shapiro</b> <b>100 Harborview Drive, Unit 810</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.184	<b>Nonpriority creditor's name and mailing address</b> <b>James W. Ancel, Sr.</b> <b>408 Bosley Avenue</b> <b>Towson, MD 21204</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>owner of Penthouse 4C</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.185	<b>Nonpriority creditor's name and mailing address</b> <b>Jan Cookson</b> <b>3906 Foxhill Drive</b> <b>Ellicott City, MD 21042</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>owner of Units 808, 1602 and 2307</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.186	<b>Nonpriority creditor's name and mailing address</b> <b>Jan Schnaper / Anne Schnaper</b> <b>P. O. Box 791</b> <b>Sparks, MD 21152</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>owners of Unit 2109</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>Council of Unit Owners of the 100 Harborview Drive Condominium</b> Name _____	Case number (if known)	<b>16-13049-JS</b>
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3.187	Nonpriority creditor's name and mailing address <b>Janet Salkin / Jay Salkin</b> <b>100 Harborview Drive, Unit 2202</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owners</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.188	Nonpriority creditor's name and mailing address <b>Janis Herschtowitz / Wallace Vitez</b> <b>100 Harborview Drive, Unit 1803</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owners</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.189	Nonpriority creditor's name and mailing address <b>Jason Hollins / Diana Mark</b> <b>100 Harborview Drive, Unit 1604</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owners</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.190	Nonpriority creditor's name and mailing address <b>Jeff Cohen / Eileen Cohen</b> <b>100 Harborview Drive, Unit 1002</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owners</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.191	Nonpriority creditor's name and mailing address <b>Jeffrey Segall</b> <b>100 Harborview Drive, Unit 402</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owner</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.192	Nonpriority creditor's name and mailing address <b>Jim Dickman / Marilyn Dickman</b> <b>100 Harborview Drive, Unit 2102</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owners</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.193	Nonpriority creditor's name and mailing address <b>Jo Ann Clay / Milton Hillery</b> <b>100 Harborview Drive, Unit 410</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owners</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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Debtor <b>Council of Unit Owners of the 100 Harborview Drive Condominium</b>		Case number (if known) <b>16-13049-JS</b>
Name		
3.194	<b>Nonpriority creditor's name and mailing address</b> <b>John Bevier / Colleen Calimer</b> <b>100 Harborview Drive, Unit 1013</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.195	<b>Nonpriority creditor's name and mailing address</b> <b>John Cochran / Suzanne Cochran</b> <b>100 Harborview Drive, Penthouse 3C</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.196	<b>Nonpriority creditor's name and mailing address</b> <b>John Napolitano</b> <b>100 Harborview Drive, Units 1209 &amp; 1409</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.197	<b>Nonpriority creditor's name and mailing address</b> <b>John Wharton / Joanne Wharton</b> <b>100 Harborview Drive, Unit 1401</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.198	<b>Nonpriority creditor's name and mailing address</b> <b>Johnny Hahn</b> <b>100 Harborview Drive, Unit 712</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.199	<b>Nonpriority creditor's name and mailing address</b> <b>Josie Johnson LLC</b> <b>100 Harborview Drive, Unit 611</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.200	<b>Nonpriority creditor's name and mailing address</b> <b>Joyce Lee</b> <b>100 Harborview Drive, Unit 2303</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Council of Unit Owners of the 100 Harborview Drive Condominium	Case number (if known)	16-13049-JS
Name			
3.201	<b>Nonpriority creditor's name and mailing address</b> <b>Joycelyn Peoples</b> <b>86 Landmark Drive</b> <b>Stafford, VA 22554</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>employee reimbursements</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$930.88</b>
3.202	<b>Nonpriority creditor's name and mailing address</b> <b>Judith Allen</b> <b>100 Harborview Drive, Unit 501</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.203	<b>Nonpriority creditor's name and mailing address</b> <b>Judith Campbell</b> <b>100 Harborview Drive, Unit 1402</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.204	<b>Nonpriority creditor's name and mailing address</b> <b>Julie Ann Coyne / Kendall Coyne</b> <b>100 Harborview Drive, Unit 603</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.205	<b>Nonpriority creditor's name and mailing address</b> <b>Jung Mah</b> <b>100 Harborview Drive, Unit 705</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.206	<b>Nonpriority creditor's name and mailing address</b> <b>K &amp; C Grounds Maintenance Inc.</b> <b>1818 Potspring Road, Suite 250</b> <b>Lutherville, MD 21093</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>HVCONDO</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,971.00</b>
3.207	<b>Nonpriority creditor's name and mailing address</b> <b>Karen Huddles</b> <b>100 Harborview Drive, Unit 709</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	Council of Unit Owners of the 100 Harborview Drive Condominium	Case number (if known)	16-13049-JS
Name			
3.208	<b>Nonpriority creditor's name and mailing address</b> <b>Karl Malloy</b> <b>100 Harborview Drive, Unit 508</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.209	<b>Nonpriority creditor's name and mailing address</b> <b>Kenneth Bavaria / Richard Meade</b> <b>and Pema Thinley</b> <b>100 Harborview Drive, Units 607 and 713</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.210	<b>Nonpriority creditor's name and mailing address</b> <b>Kenneth Berberich, Jacob Lefkowitz and</b> <b>Rhode Island KJ Trust</b> <b>100 Harborview Drive, Unit 906</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.211	<b>Nonpriority creditor's name and mailing address</b> <b>Keri Jacobs</b> <b>100 Harborview Drive, Unit 609</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.212	<b>Nonpriority creditor's name and mailing address</b> <b>Kevin Lee / Stella Lee</b> <b>100 Harborview Drive, Unit 1308</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.213	<b>Nonpriority creditor's name and mailing address</b> <b>Kirby Artistic Designs</b> <b>3601 West Saratoga Street</b> <b>Baltimore, MD 21229</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>100</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
3.214	<b>Nonpriority creditor's name and mailing address</b> <b>Kirsten Cardegna</b> <b>100 Harborview Drive, Unit 1009</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	Council of Unit Owners of the 100 Harborview Drive Condominium	Case number (if known)	16-13049-JS
Name			
3.215	<p>Nonpriority creditor's name and mailing address  <b>Kunjithapatham Chockkalingam  and Vasanthakumari Chockkalingam  100 Harborview Drive, Unit 212  Baltimore, MD 21230</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unit owners</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.216	<p>Nonpriority creditor's name and mailing address  <b>L&amp;L Rail &amp; Fence, Inc.  40 New Plant Court, Suite B  Owings Mills, MD 21117</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$20,475.00</b>
3.217	<p>Nonpriority creditor's name and mailing address  <b>Leopoldo Marquez  100 Harborview Drive, Unit 506  Baltimore, MD 21230</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unit owner</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.218	<p>Nonpriority creditor's name and mailing address  <b>Lilly Abbaei / Mike Abbaei  100 Harborview Drive, Units 1610 &amp; 1710  Baltimore, MD 21230</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unit owners</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.219	<p>Nonpriority creditor's name and mailing address  <b>Linda Lo Cascio  100 Harborview Drive, Unit 1102  Baltimore, MD 21230</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unit owner</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.220	<p>Nonpriority creditor's name and mailing address  <b>Logan Ace Hardware  1734 14th Street, NW  Washington, DC 20009</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number <u>0590</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$26.21</b>
3.221	<p>Nonpriority creditor's name and mailing address  <b>Loganathan Chellaperumal and  Meenakshi Rajagopalan  100 Harborview Drive, Unit 1014  Baltimore, MD 21230</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unit owners</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>

Debtor	Council of Unit Owners of the 100 Harborview Drive Condominium	Case number (if known)	16-13049-JS
Name			
3.222	<b>Nonpriority creditor's name and mailing address</b> <b>Lorraine Koury / Daryl Varney</b> <b>100 Harborview Drive, Unit 510</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.223	<b>Nonpriority creditor's name and mailing address</b> <b>Louis Elias</b> <b>100 Harborview Drive, Unit 503</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.224	<b>Nonpriority creditor's name and mailing address</b> <b>Louis Elias / Samia Elias</b> <b>100 Harborview Drive, Unit 801</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.225	<b>Nonpriority creditor's name and mailing address</b> <b>Mageline Kelley / Michael Kelley</b> <b>100 Harborview Drive, Unit 1408</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.226	<b>Nonpriority creditor's name and mailing address</b> <b>MailFinance</b> <b>25881 Network Place</b> <b>Chicago, IL 60673-1258</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0371</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$369.35</b>
3.227	<b>Nonpriority creditor's name and mailing address</b> <b>Mainak Mazumdar / Sati Mazumdar</b> <b>100 Harborview Drive, Unit 401</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.228	<b>Nonpriority creditor's name and mailing address</b> <b>Mariacorzan Fernando-Florentin and</b> <b>Angel Florentin</b> <b>100 Harborview Drive, Unit 1113</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>



Debtor	Council of Unit Owners of the 100 Harborview Drive Condominium	Case number (if known)	16-13049-JS
Name			
3.229	<b>Nonpriority creditor's name and mailing address</b> <b>Martha Marquesen</b> <b>P. O. Box 23</b> <b>Shepherdstown, WV 25443</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>owner of Unit 1105</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.230	<b>Nonpriority creditor's name and mailing address</b> <b>Martin Bradley / Tina Wang</b> <b>100 Harborview Drive, Unit 513</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.231	<b>Nonpriority creditor's name and mailing address</b> <b>Mary Branagan / Steve Branagan</b> <b>100 Harborview Drive, Unit 802</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.232	<b>Nonpriority creditor's name and mailing address</b> <b>Mary Devlin</b> <b>100 Harborview Drive, Unit 311</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.233	<b>Nonpriority creditor's name and mailing address</b> <b>Maryland Reprographics, Inc.</b> <b>2217 North Charles Street</b> <b>Baltimore, MD 21218</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3171</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23.40</b>
3.234	<b>Nonpriority creditor's name and mailing address</b> <b>Maury Levin</b> <b>100 Harborview Drive, Unit 1404</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.235	<b>Nonpriority creditor's name and mailing address</b> <b>Melanie Lawrence</b> <b>100 Harborview Drive, Unit 2209</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>



Debtor <b>Council of Unit Owners of the 100 Harborview Drive Condominium</b>		Case number (if known) <b>16-13049-JS</b>
Name		
3.236	<b>Nonpriority creditor's name and mailing address</b> <b>Melvin Lessing</b> <b>100 Harborview Drive, Unit 904</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.237	<b>Nonpriority creditor's name and mailing address</b> <b>Melvin, Thea and Alexis Mancini</b> <b>100 Harborview Drive, Unit 312</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.238	<b>Nonpriority creditor's name and mailing address</b> <b>Mert Onal</b> <b>100 Harborview Drive, Unit 909</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.239	<b>Nonpriority creditor's name and mailing address</b> <b>Mert Onal / Tess Onal</b> <b>100 Harborview Drive, Unit 601</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.240	<b>Nonpriority creditor's name and mailing address</b> <b>Michael Scheffres / Susan Scheffres</b> <b>100 Harborview Drive, Units 2309 &amp; 2310</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.241	<b>Nonpriority creditor's name and mailing address</b> <b>Michael Snyder / Susan Snyder</b> <b>100 Harborview Drive, Unit 1708</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.242	<b>Nonpriority creditor's name and mailing address</b> <b>Michelle Harp</b> <b>100 Harborview Drive, Unit 512</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Council of Unit Owners of the 100 Harborview Drive Condominium</b> Name _____	Case number (if known)	<b>16-13049-JS</b>
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3.243	Nonpriority creditor's name and mailing address <b>Mona Electric</b> <b>P. O. Box 79280</b> <b>Baltimore, MD 21279-0280</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>1756</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,358.11</b>
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3.244	Nonpriority creditor's name and mailing address <b>Nancy Civin / Dr. Curt Civin</b> <b>100 Harborview Drive, Penthouse 1D</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.245	Nonpriority creditor's name and mailing address <b>Nancy Rosenberg</b> <b>100 Harborview Drive, Unit 1609</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.246	Nonpriority creditor's name and mailing address <b>Nationstar Mortgage, LLC</b> <b>8950 Cypress Walters Boulevard</b> <b>Coppell, TX 75019</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>owner of Unit 1311</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.247	Nonpriority creditor's name and mailing address <b>Neerja Razdan / Kristin Messmer</b> <b>100 Harborview Drive, Unit 714</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.248	Nonpriority creditor's name and mailing address <b>Neshat Tebyanian</b> <b>100 Harborview Drive, Unit 308</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.249	Nonpriority creditor's name and mailing address <b>Noyes Air Conditioning</b> <b>16761 Oakmont Avenue</b> <b>Gaithersburg, MD 20877-4111</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>0192</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,340.14</b>
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Debtor	<b>Council of Unit Owners of the 100 Harborview Drive Condominium</b> Name _____	Case number (if known)	<b>16-13049-JS</b>
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3.250	Nonpriority creditor's name and mailing address <b>Osborne Payne / Famebridge Payne</b> <b>100 Harborview Drive, Unit 411</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u><b>unit owners</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.251	Nonpriority creditor's name and mailing address <b>Palmer Brothers</b> <b>c/o Monument Bank</b> <b>Attention: Lockbox Processing</b> <b>8602 Colesville Road</b> <b>Silver Spring, MD 20910</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u><b>BARKA</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>trade debt</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,060.00</b>
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3.252	Nonpriority creditor's name and mailing address <b>Paul Clark / Rebecca Delorme-Clark</b> <b>100 Harborview Drive, Penthouse 4A</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u><b>unit owners</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.253	Nonpriority creditor's name and mailing address <b>PC Welding</b> <b>387 Gross Road</b> <b>Fawn Grove, PA 17321</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>trade debt</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
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3.254	Nonpriority creditor's name and mailing address <b>Peter Spooner</b> <b>100 Harborview Drive, Unit 2002</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u><b>unit owner</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.255	Nonpriority creditor's name and mailing address <b>Phillip Anapolsky / Elizabeth Anapolsky</b> <b>100 Harborview Drive, Unit 1908</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u><b>unit owners</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.256	Nonpriority creditor's name and mailing address <b>Piera Family Partnership</b> <b>100 Harborview Drive, Unit 1910</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u><b>unit owner</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor	<b>Council of Unit Owners of the 100 Harborview Drive Condominium</b>		Case number (if known)	<b>16-13049-JS</b>
	Name			

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3.257	Nonpriority creditor's name and mailing address <b>Profiles, Inc. 3000 Chestnut Avenue, Suite 201 Baltimore, MD 21211</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>4267</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$27,368.20</u>
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3.258	Nonpriority creditor's name and mailing address <b>Punita Tripathi 100 Harborview Drive, Unit 2103 Baltimore, MD 21230</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owner</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.259	Nonpriority creditor's name and mailing address <b>Quench USA, Inc. P. O. Box 781393 Philadelphia, PA 19178-1393</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>8747</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$222.60</u>
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3.260	Nonpriority creditor's name and mailing address <b>Rashad Kronfli / Tarek Kronfli 100 Harborview Drive, Unit 1707 Baltimore, MD 21230</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owners</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.261	Nonpriority creditor's name and mailing address <b>Rashimi Pathak / Michael Wolsh 100 Harborview Drive, Unit 613 Baltimore, MD 21230</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owners</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.262	Nonpriority creditor's name and mailing address <b>Ravinda Shah/Neelesh Shah/Manjula Shah 100 Harborview Drive, Unit 1504 Baltimore, MD 21230</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owners</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.263	Nonpriority creditor's name and mailing address <b>Ray Kim / Chung Kim 100 Harborview Drive, Unit 1307 Baltimore, MD 21230</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owners</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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Debtor <b>Council of Unit Owners of the 100 Harborview Drive Condominium</b>		Case number (if known) <b>16-13049-JS</b>
Name _____		

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3.264	Nonpriority creditor's name and mailing address <b>Rees Broome P. C.</b> <b>1900 Gallows Road, Suite 700</b> <b>Vienna, VA 22182</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>8029</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>legal services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$80,735.28</b>
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3.265	Nonpriority creditor's name and mailing address <b>Response TECH, Inc.</b> <b>11821 Parklawn Drive, Suite 304</b> <b>Rockville, MD 20852</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>864</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,440.21</b>
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3.266	Nonpriority creditor's name and mailing address <b>Rhonda I. Farrell</b> <b>100 Harborview Drive, Unit 509</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owner</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.267	Nonpriority creditor's name and mailing address <b>Rhonda L. Farrell</b> <b>100 Harborview Drive, Unit 509</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>reimbursement of expenses</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$51.87</b>
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3.268	Nonpriority creditor's name and mailing address <b>Richard Ericksen / Susan Ericksen</b> <b>100 Harborview Drive, Unit 604</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owners</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.269	Nonpriority creditor's name and mailing address <b>Richard Morton / Nora Morton</b> <b>100 Harborview Drive, Unit 2308</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owners</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.270	Nonpriority creditor's name and mailing address <b>Richard Naing</b> <b>100 Harborview Drive, Unit 409</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>unit owner</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor	Council of Unit Owners of the 100 Harborview Drive Condominium	Case number (if known)	16-13049-JS
Name			
3.271	<b>Nonpriority creditor's name and mailing address</b> <b>Richard Swirnow / Rae Swirnow</b> <b>100 Harborview Drive, Penthouse 1A</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.272	<b>Nonpriority creditor's name and mailing address</b> <b>Robert Goldberg / Terri Goldberg</b> <b>100 Harborview Drive, Unit 2004</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.273	<b>Nonpriority creditor's name and mailing address</b> <b>Robert McMahan</b> <b>100 Harborview Drive, Unit 704</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.274	<b>Nonpriority creditor's name and mailing address</b> <b>Robert Miller / Carolyn Miller</b> <b>100 Harborview Drive, Unit 1507</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.275	<b>Nonpriority creditor's name and mailing address</b> <b>Robert Southwick / Clair Zibergeld</b> <b>100 Harborview Drive, Unit 504</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.276	<b>Nonpriority creditor's name and mailing address</b> <b>Roger Dankert / Ellen Dankert</b> <b>100 Harborview Drive, Penthouse 3D</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.277	<b>Nonpriority creditor's name and mailing address</b> <b>Rohit Patel / Sonal Patel</b> <b>100 Harborview Drive, Unit 1510</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor <b>Council of Unit Owners of the 100 Harborview Drive Condominium</b>		Case number (if known) <b>16-13049-JS</b>
Name		
3.278	<b>Nonpriority creditor's name and mailing address</b> <b>Rommel Cranston</b> <b>601 Nursery Road</b> <b>Linthicum, MD 21090</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>982</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$46,680.51</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.279	<b>Nonpriority creditor's name and mailing address</b> <b>Ronald B. Dickey / Linda M. Lampkin</b> <b>100 Harborview Drive, Unit 910</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.280	<b>Nonpriority creditor's name and mailing address</b> <b>Rosalie Glorioso / Donna Senft</b> <b>100 Harborview Drive, Unit 1807</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.281	<b>Nonpriority creditor's name and mailing address</b> <b>Rosenberg Pelino LLC</b> <b>6031 University Boulevard, Suite 300</b> <b>Ellicott City, MD 21043</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2116</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$550.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.282	<b>Nonpriority creditor's name and mailing address</b> <b>Salil Choudhary / Meenu Choudhary</b> <b>100 Harborview Drive, Unit 211</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.283	<b>Nonpriority creditor's name and mailing address</b> <b>Scent Air Technologies Inc.</b> <b>P. O. Box 978754</b> <b>Dallas, TX 75397-8754</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0431</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$283.02</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.284	<b>Nonpriority creditor's name and mailing address</b> <b>Scheryl Glanton</b> <b>100 Harborview Drive, Unit 608</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Debtor	Council of Unit Owners of the 100 Harborview Drive Condominium	Case number (if known)	16-13049-JS
Name			
3.285	<p>Nonpriority creditor's name and mailing address  <b>SDRA Investments LLC, J. Sidney Smith and Carol A. Smith</b>  <b>100 Harborview Drive, Unit 1608</b>  <b>Baltimore, MD 21230</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unit owners</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.286	<p>Nonpriority creditor's name and mailing address  <b>SG Investor, LLC</b>  <b>100 Harborview Drive, Unit 1103</b>  <b>Baltimore, MD 21230</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unit owner</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.287	<p>Nonpriority creditor's name and mailing address  <b>Shahrizad Maleki Lozier</b>  <b>100 Harborview Drive, Unit 903</b>  <b>Baltimore, MD 21230</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unit owner</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.288	<p>Nonpriority creditor's name and mailing address  <b>Shannon Wingfield</b>  <b>100 Harborview Drive, Management Office</b>  <b>Baltimore, MD 21230</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number <u>0216</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>employee reimbursements</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$89.51</b>
3.289	<p>Nonpriority creditor's name and mailing address  <b>Sharadha Avula</b>  <b>100 Harborview Drive, Unit 1104</b>  <b>Baltimore, MD 21230</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unit owner</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.290	<p>Nonpriority creditor's name and mailing address  <b>Sharon Austin</b>  <b>100 Harborview Drive, Unit 2203</b>  <b>Baltimore, MD 21230</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unit owner</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>
3.291	<p>Nonpriority creditor's name and mailing address  <b>Sharon Turban</b>  <b>1000 Fell Street, Unit 518</b>  <b>Baltimore, MD 21231</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>owner of Units 1212 and 1808</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>Unknown</b>



Debtor	Council of Unit Owners of the 100 Harborview Drive Condominium	Case number (if known)	16-13049-JS
Name			
3.292	<b>Nonpriority creditor's name and mailing address</b> <b>Shelley Marston Clark</b> <b>100 Harborview Drive, Unit 204</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.293	<b>Nonpriority creditor's name and mailing address</b> <b>Sheppard O'Neal</b> <b>100 Harborview Drive, Unit 708</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.294	<b>Nonpriority creditor's name and mailing address</b> <b>Sherwin-Williams Company</b> <b>11 South Central Avenue</b> <b>Baltimore, MD 21202</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7481</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$512.00</b>
3.295	<b>Nonpriority creditor's name and mailing address</b> <b>Shuo-Teh Chang / Sithu Win</b> <b>100 Harborview Drive, Units 203 and 209</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.296	<b>Nonpriority creditor's name and mailing address</b> <b>SI Restoration, Inc.</b> <b>2312 Eskow Avenue</b> <b>Halethorpe, MD 21227</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5855</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,728.52</b>
3.297	<b>Nonpriority creditor's name and mailing address</b> <b>Simplex Grinnell LP</b> <b>Department CH 10320</b> <b>Palatine, IL 60055-0320</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1040</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$888.76</b>
3.298	<b>Nonpriority creditor's name and mailing address</b> <b>Simpson of Maryland, Inc.</b> <b>7476 Candlewood Road</b> <b>Hanover, MD 21076</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,256.92</b>

Debtor	<b>Council of Unit Owners of the 100 Harborview Drive Condominium</b> Name _____	Case number (if known)	<b>16-13049-JS</b>
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3.299	Nonpriority creditor's name and mailing address <b>Songjie Liang / Rou Shi</b> <b>100 Harborview Drive, Unit 1008</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u><b>unit owners</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.300	Nonpriority creditor's name and mailing address <b>Sook Ja Oh / Dr. Sun Woong Oh</b> <b>100 Harborview Drive, Unit 2001</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u><b>unit owners</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.301	Nonpriority creditor's name and mailing address <b>Sook Kay</b> <b>100 Harborview Drive, Unit 303</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u><b>unit owner</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.302	Nonpriority creditor's name and mailing address <b>Sophia Lo</b> <b>45 Park Avenue, Unit 1901</b> <b>New York, NY 10016</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u><b>owner of Unit 911</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.303	Nonpriority creditor's name and mailing address <b>South Data, Inc.</b> <b>201 Technology Lane</b> <b>Mount Airy, NC 27030-6684</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u><b>1416</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>trade debt</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30.93</b>
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3.304	Nonpriority creditor's name and mailing address <b>Staples Advantage</b> <b>P. O. Box 415256</b> <b>Boston, MA 02241-5256</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u><b>5069</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>trade debt</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,054.85</b>
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3.305	Nonpriority creditor's name and mailing address <b>Stephanie Chan</b> <b>100 Harborview Drive, Unit 511</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u><b>unit owner</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor	<b>Council of Unit Owners of the 100 Harborview Drive</b> <b>Condominium</b> Name _____	Case number (if known) <b>16-13049-JS</b>
3.306	Nonpriority creditor's name and mailing address <b>Sterling Backcheck Infosystems</b> <b>P. O. Box 36482</b> <b>Newark, NJ 07193-6482</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>0222</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$176.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.307	Nonpriority creditor's name and mailing address <b>Structural Restoration Services Inc.</b> <b>259 West Ore Street</b> <b>Loganville, PA 17342</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>0216</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$1,315.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.308	Nonpriority creditor's name and mailing address <b>Sunbelt Rentals, Inc.</b> <b>P. O. Box 409211</b> <b>Atlanta, GA 30384-9211</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>7001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$55.66</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.309	Nonpriority creditor's name and mailing address <b>Superior Supply Ltd.</b> <b>4001 Washington Boulevard</b> <b>Baltimore, MD 21227</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>1204</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$101.50</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.310	Nonpriority creditor's name and mailing address <b>Supreme Air</b> <b>4401 Eastern Avenue</b> <b>Building 49, Suite B</b> <b>Baltimore, MD 21224</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>6023</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$198.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.311	Nonpriority creditor's name and mailing address <b>Susan Colandrea</b> <b>100 Harborview Drive, Unit 1211</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>Unknown</b></span> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.312	Nonpriority creditor's name and mailing address <b>The Sherwin-Williams Co.</b> <b>909 Fort Avenue</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>4608</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$741.26</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Council of Unit Owners of the 100 Harborview Drive Condominium	Case number (if known)	16-13049-JS
Name			
3.313	<b>Nonpriority creditor's name and mailing address</b> <b>Theresa Hynes</b> <b>100 Harborview Drive, Unit 1011</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.314	<b>Nonpriority creditor's name and mailing address</b> <b>Thyssenkrupp Elevator Corp.</b> <b>P. O. Box 933004</b> <b>Atlanta, GA 31193-3004</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0372</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,134.00</b>
3.315	<b>Nonpriority creditor's name and mailing address</b> <b>TSC Warehouse LLC</b> <b>100 Harborview Drive, Unit 1312</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.316	<b>Nonpriority creditor's name and mailing address</b> <b>UniFirst Corporation</b> <b>8820 Yellow Brick Road</b> <b>Baltimore, MD 21237</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1148</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,045.47</b>
3.317	<b>Nonpriority creditor's name and mailing address</b> <b>UPS</b> <b>P. O. Box 7247-0244</b> <b>Philadelphia, PA 19170-0001</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>Corp</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36.56</b>
3.318	<b>Nonpriority creditor's name and mailing address</b> <b>Veena Choubey / Christopher Smith</b> <b>100 Harborview Drive, Unit 313</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.319	<b>Nonpriority creditor's name and mailing address</b> <b>Venus Jackson</b> <b>100 Harborview Drive, Unit 304</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	Council of Unit Owners of the 100 Harborview Drive Condominium	Case number (if known)	16-13049-JS
Name			
3.320	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon</b> <b>P. O. Box 4830</b> <b>Trenton, NJ 08650-4830</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>794Y</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,245.57</b>
3.321	<b>Nonpriority creditor's name and mailing address</b> <b>Victor Impallaria</b> <b>100 Harborview Drive, Management Office</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>employee reimbursements</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$763.30</b>
3.322	<b>Nonpriority creditor's name and mailing address</b> <b>Vincent Delorenzo / Michael Delorenzo</b> <b>100 Harborview Drive, Unit 1006</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.323	<b>Nonpriority creditor's name and mailing address</b> <b>Vincent Scalese / DJ Maynor</b> <b>100 Harborview Drive, Unit 1509</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owners</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.324	<b>Nonpriority creditor's name and mailing address</b> <b>Vinita Gupta / Brij Sharma</b> <b>2553 Escada Court</b> <b>Naples, FL 34109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>owners of Units 1902, 1902 and 1904</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.325	<b>Nonpriority creditor's name and mailing address</b> <b>VSC Fire &amp; Security</b> <b>10343-B Kings Acres Road</b> <b>Ashland, VA 23005</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0284</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,896.00</b>
3.326	<b>Nonpriority creditor's name and mailing address</b> <b>Wanda Delorme</b> <b>100 Harborview Drive, Unit 702</b> <b>Baltimore, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unit owner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>Council of Unit Owners of the 100 Harborview Drive</b> <b>Condominium</b> Name _____	Case number (if known) <b>16-13049-JS</b>
3.327	Nonpriority creditor's name and mailing address <b>Whiteford, Taylor &amp; Preston LLP</b> <b>7 Saint Paul Street, 15th Floor</b> <b>Baltimore, MD 21202</b>  Date(s) debt was incurred _____ Last 4 digits of account number <b>0113</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$5,090.54</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>legal services</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.328	Nonpriority creditor's name and mailing address <b>Workplace Essentials, Inc.</b> <b>13 Linnell Circle</b> <b>Billerica, MA 01821</b>  Date(s) debt was incurred _____ Last 4 digits of account number <b>BAH1</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$129.16</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.329	Nonpriority creditor's name and mailing address <b>Yooson Kim / Erik Magness</b> <b>100 Harborview Drive, Unit 1001</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>Unknown</b></span> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>unit owners</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.330	Nonpriority creditor's name and mailing address <b>Yvonne Lauw / William Tse</b> <b>100 Harborview Drive, Unit 1208</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>Unknown</b></span> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>unit owners</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Comcast Cable Communications, LLC</b> <b>Attention: Law Department-Bankruptcy</b> <b>One Comcast Center</b> <b>Philadelphia, PA 19103-2838</b>	Line <b>3.89</b>  <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>FedEx Bankruptcy Department</b> <b>3965 Airways Boulevard</b> <b>Module G 3rd Floor</b> <b>Memphis, TN 38116-5017</b>	Line <b>3.149</b>  <input type="checkbox"/> Not listed. Explain _____	—
4.3	<b>Kimberly A. Curry, Esquire</b> <b>Assistant General Counsel, BGE</b> <b>2 Center Plaza</b> <b>110 West Fayette Street, 15th Floor</b> <b>Baltimore, MD 21201</b>	Line <b>3.44</b>  <input type="checkbox"/> Not listed. Explain _____	—

Debtor **Council of Unit Owners of the 100 Harborview Drive  
Condominium**  
Name

Case number (if known) **16-13049-JS**

Name and mailing address

On which line in Part 1 or Part 2 is the  
related creditor (if any) listed?

Last 4 digits of  
account number, if  
any

4.4 **Verizon Bankruptcy Administration  
500 Technology Drive, Suite 550  
Weldon Spring, MO 63304**

Line **3.320**

☐ Not listed. Explain \_\_\_\_\_

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

**Total of claim amounts**

5a. \$ **0.00**

5b. + \$ **993,609.08**

5c. \$ **993,609.08**

**Fill in this information to identify the case:**Debtor name **Council of Unit Owners of the 100 Harborview Drive Condominium**United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**Case number (if known) **16-13049-JS**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

**Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal**Property*

(Official Form 206A/B).

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **pest control**State the term remaining **expires 1/1/16, term 1 year**

List the contract number of any government contract \_\_\_\_\_

**Accurate Termite & Pest Control, Inc.  
8000 Philadelphia Road  
Rosedale, MD 21237**2.2. State what the contract or lease is for and the nature of the debtor's interest **underground storage tank annual inspection**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**ACE Environmental Services, LLC  
3512 Fairfield Road  
Baltimore, MD 21226**2.3. State what the contract or lease is for and the nature of the debtor's interest **copier lease for management office**State the term remaining **expires 11/10/19, term 5 years**

List the contract number of any government contract \_\_\_\_\_

**Advance Business Systems  
P. O. Box 759319  
Baltimore, MD 21275-9319**2.4. State what the contract or lease is for and the nature of the debtor's interest **water treatment for condenser water**State the term remaining **expires 7/27/16, term 1 year**

List the contract number of any government contract \_\_\_\_\_

**ARC Water Treatment Company of Maryland  
P. O. Box 248  
Annapolis Junction, MD 20701-0248**



Debtor 1 **Council of Unit Owners of the 100 Harborview Drive  
Condominium**

First Name Middle Name Last Name

Case number (if known) **16-13049-JS**

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.5. State what the contract or lease is for and the nature of the debtor's interest **(Legionella) water treatment for condenser water**

State the term remaining

List the contract number of any government contract

**ARC Water Treatment Company of Maryland  
P. O. Box 248  
Annapolis Junction, MD 20701-0248**

- 2.6. State what the contract or lease is for and the nature of the debtor's interest **Management Contract dated December 4, 2012**

State the term remaining

List the contract number of any government contract

**expires 6/30/16, term 1 year**

**Barkan Management, LLC  
8229 Boone Boulevard, Suite 760  
Tysons Corner, VA 22182**

- 2.7. State what the contract or lease is for and the nature of the debtor's interest **online building management/maintenance system's informational repository**

State the term remaining

List the contract number of any government contract

**expired 12/31/15, term 1 year**

**BuildingLink.Com, LLC  
85 Fifth Avenue, 3rd Floor  
New York, NY 10003**

- 2.8. State what the contract or lease is for and the nature of the debtor's interest **construction contracts**

State the term remaining

List the contract number of any government contract

**C.A. Lindman, Inc.  
10401 Guilford Road  
Jessup, MD 20794**

- 2.9. State what the contract or lease is for and the nature of the debtor's interest **IT/computer repair**

State the term remaining

List the contract number of any government contract

**Charm City Networks, LLC  
1414 Key Highway  
Baltimore, MD 21230**

- 2.10. State what the contract or lease is for and the nature of the debtor's interest **first aid**

State the term remaining

**Cintas Corporation  
P. O. Box 740855  
Cincinnati, OH 45274-0855**

Debtor 1 **Council of Unit Owners of the 100 Harborview Drive**  
**Condominium**  
 First Name Middle Name Last Name

Case number (if known) **16-13049-JS**

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract \_\_\_\_\_

- 2.1 State what the contract or lease is for and the nature of the debtor's interest **engineering consulting (as needed)**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Coleman Consulting  
 205 South Tyrone Road  
 Baltimore, MD 21212**

- 2.1 State what the contract or lease is for and the nature of the debtor's interest **internet and cable television in common spaces and management office**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Comcast  
 P. O. Box 3005  
 Southeastern, PA 19398-3005**

- 2.1 State what the contract or lease is for and the nature of the debtor's interest **construction contracts**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Constantine Commercial Construction Inc.  
 Attention: Diana Parsons, CFO  
 9494 Deereco Road  
 Timonium, MD 21093**

- 2.1 State what the contract or lease is for and the nature of the debtor's interest **third-party supplier of electricity**

State the term remaining **expires 12/13/17**

List the contract number of any government contract \_\_\_\_\_

**Constellation New Energy, Inc.  
 14217 Collections Center Drive  
 Chicago, IL 60693**

- 2.1 State what the contract or lease is for and the nature of the debtor's interest **common area janitorial service**

State the term remaining **expires 7/30/16 with 1 year renewal**

List the contract number of any government contract \_\_\_\_\_

**Corporate Cleaning Solutions  
 P. O. Box 966  
 Clinton, MD 20735**

Debtor 1 **Council of Unit Owners of the 100 Harborview Drive  
Condominium**

First Name Middle Name Last Name

Case number (if known) **16-13049-JS**

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest **third-party supplier of natural gas**

State the term remaining **expires 5/31/18**

List the contract number of any government contract

**Direct Energy Business  
P.O. Box 11836  
Newark, NJ 07101-8135**

2.1 State what the contract or lease is for and the nature of the debtor's interest **2016 capital reserve study**

State the term remaining

List the contract number of any government contract

**DMA**

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining **2/3/17 termination**

List the contract number of any government contract

**DRD Pool Management  
16 Stenersen Lane, Suite 4A  
Hunt Valley, MD 21030**

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining **term 1 year**

List the contract number of any government contract

**Energy Management Systems  
P. O. Box 646  
Exton, PA 19341**

2.2 State what the contract or lease is for and the nature of the debtor's interest **garage lease**

State the term remaining

List the contract number of any government contract

**Harborview Limited Partnership  
100 Harborview Drive  
Baltimore, MD 21230**

2.2 State what the contract or lease is for and the nature of the debtor's interest **flowers and landscaping**

State the term remaining

**K & C Grounds Maintenance Inc.  
1818 Potspring Road, Suite 250  
Lutherville, MD 21093**

Debtor 1 **Council of Unit Owners of the 100 Harborview Drive**  
**Condominium**  
 First Name Middle Name Last Name

Case number (if known) **16-13049-JS**

### Additional Page if You Have More Contracts or Leases

#### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract \_\_\_\_\_

2.2 State what the contract or lease is for and the nature of the debtor's interest **postage machine in management office**

State the term remaining **expires 11/2/18, term 63 months**

List the contract number of any government contract \_\_\_\_\_

**Neopost USA Inc.  
 25880 Network Place  
 Chicago, IL 60673-1258**

2.2 State what the contract or lease is for and the nature of the debtor's interest **public relations firm**

State the term remaining **terminated prepetition**

List the contract number of any government contract \_\_\_\_\_

**Profiles, Inc.  
 3000 Chestnut Avenue, Suite 201  
 Baltimore, MD 21211**

2.2 State what the contract or lease is for and the nature of the debtor's interest **water cooler service**

State the term remaining **month-to-month**

List the contract number of any government contract \_\_\_\_\_

**Quench USA, Inc.  
 P. O. Box 781393  
 Philadelphia, PA 19178-1393**

2.2 State what the contract or lease is for and the nature of the debtor's interest **legal services**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Rees Broome P. C.  
 1900 Gallows Road, Suite 700  
 Vienna, VA 22182**

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining **expires 11/1/16, term 3 years**

List the contract number of any government contract \_\_\_\_\_

**Response TECH, Inc.  
 11821 Parklawn Drive, Suite 304  
 Rockville, MD 20852**

Debtor 1 **Council of Unit Owners of the 100 Harborview Drive**  
**Condominium**

First Name Middle Name Last Name

Case number (if known) **16-13049-JS**

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.2 State what the contract or  
7. lease is for and the nature  
of the debtor's interest

State the term remaining **expires 11/25/16**

List the contract number of  
any government contract

**Scent Air Technologies Inc.**  
**P. O. Box 978754**  
**Dallas, TX 75397-8754**

2.2 State what the contract or  
8. lease is for and the nature  
of the debtor's interest

State the term remaining **expires 6/1/16, term 1  
year**

List the contract number of  
any government contract

**Simplex Grinnell LP**  
**Department CH 10320**  
**Palatine, IL 60055-0320**

2.2 State what the contract or  
9. lease is for and the nature  
of the debtor's interest

State the term remaining

List the contract number of  
any government contract

**after hours cell phone  
service**

**Sprint**  
**6200 Sprint Parkway**  
**Overland Park, KS 66251**

2.3 State what the contract or  
0. lease is for and the nature  
of the debtor's interest

State the term remaining **expires 3/9/20, term 5  
years**

List the contract number of  
any government contract

**Thyssenkrupp Elevator Corp.**  
**P. O. Box 933004**  
**Atlanta, GA 31193-3004**

2.3 State what the contract or  
1. lease is for and the nature  
of the debtor's interest

State the term remaining

List the contract number of  
any government contract

**hand sanitizer, mat  
cleaning and  
maintenance uniforms**

**UniFirst Corporation**  
**8820 Yellow Brick Road**  
**Baltimore, MD 21237**

2.3 State what the contract or  
2. lease is for and the nature  
of the debtor's interest

State the term remaining **expires 2/3/18, term 3  
years**

**UniFirst Corporation**  
**8820 Yellow Brick Road**  
**Baltimore, MD 21237**

Debtor 1 **Council of Unit Owners of the 100 Harborview Drive**  
**Condominium**  
 First Name Middle Name Last Name

Case number (if known) **16-13049-JS**

### Additional Page if You Have More Contracts or Leases

#### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract \_\_\_\_\_

2.3 State what the contract or **annual fire testing**  
 3. lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**VSC Fire & Security**  
**10343-B Kings Acres Road**  
**Ashland, VA 23005**

2.3 State what the contract or **sanitary napkins and**  
 4. lease is for and the nature of the debtor's interest **automatic flushers**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Workplace Essentials, Inc.**  
**13 Linnell Circle**  
**Billerica, MA 01821**

**Fill in this information to identify the case:**Debtor name **Council of Unit Owners of the 100 Harborview Drive Condominium**United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**Case number (if known) **16-13049-JS**☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1

Street

City

State

Zip Code

☐ D  
☐ E/F  
☐ G

2.2

Street

City

State

Zip Code

☐ D  
☐ E/F  
☐ G

2.3

Street

City

State

Zip Code

☐ D  
☐ E/F  
☐ G

2.4

Street

City

State

Zip Code

☐ D  
☐ E/F  
☐ G